Los Angeles County Department of Health Services

Shigellosis

acd-shig6/01 GROUP ___ SPECIES _____ (Presumptive ☐)

Census Tract _____ District _____

Name _____
Last First MI

Address _____
Street Apt. #

_____
City County Zip

Phone(s) (____) _____ (____) _____
Home Work

OCCUPATION | SEX ☐ Male ☐ Female | AGE ____ Date of Birth ___/___/___

RACE ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ American Indian ☐ Unknown ☐ _____

HISPANIC ☐ Yes ☐ No ☐ Unknown

Sources of Report

☐ Lab ☐ Public Health Lab
☐ Physician ☐ Infection Control Practitioner
☐ Other _____
(e.g. school, camp, etc...)

Name _____

Phone (___) _____ Date ___/___/___
First Report

M.D./Provider _____

Phone (___) _____

Clinical Data

Symptomatic: ☐ Yes ☐ No ☐ Unk

if yes, ONSET on ___/___/___

Duration of Symptoms _____ Days

Check all that apply:

	Yes	No	Unk
diarrhea	☐	☐	☐
bloody diarrhea	☐	☐	☐
nausea	☐	☐	☐
vomiting	☐	☐	☐
fever (____°F)	☐	☐	☐
abd cramps	☐	☐	☐
hospitalized	☐	☐	☐

name of hospital

_____

date of admission ___/___/___

date of discharge ___/___/___

Transferred to/from another hospital: ☐ Yes ☐ No ☐ Unk.

transfer hospital name:

_____

date of admission ___/__ /___

Outcome: ☐ Survive ☐ Die ☐ Unk

date of death ___/___/___

Medical History/Complications

☐ Diabetes ☐ Renal Disease
☐ Immunocompromise ☐ Cancer
☐ Pre-existing GI Disease
☐ Pregnant: EDD ___/___/___
☐ Other _____
☐ None

Laboratory Data

Culture confirmed: ☐ Yes ☐ No

Specimen: ☐ Stool ☐ Blood ☐ None ☐ Urine ☐ _____

Date specimen collected ___/___/___

Epidemiology Linkage

During the exposure period, was case:

1. Associated with a known outbreak? ☐ Yes ☐ No ☐ Unknown
   If yes, Outbreak (OB) #_____
2. A close contact of a confirmed or presumptive case? ☐ Yes ☐ No ☐ Unknown
   Has the above case been reported? ☐ Yes ☐ Not Yet
   Specify nature of contact: ☐ Household ☐ Sexual ☐ Daycare ☐ Other
   Name of linked case: _____

During the exposure period, did case have:

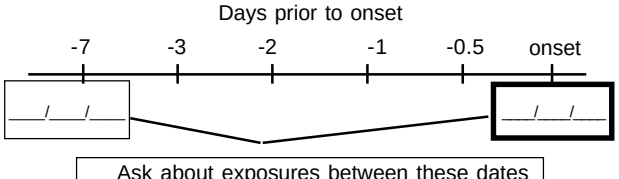
3. Medical Procedures ☐ Yes ☐ No
4. Alternative Medicine Procedures--e.g. high colonic enema ☐ Yes ☐ No

If yes to above questions, specify relevant names, dates, places:

In the 7 days prior to onset, did case (>=15 yrs.) have sex with:

☐ Men ☐ Women ☐ Both ☐ None ☐ Refused to Answer

Enter onset date in heavy box at right. Count back 7 days and insert date into the left box to figure out probable exposure period.



Note: Usual communicable period up to 4 weeks, unless treated.
Note: Communicable period = Time of fecal excretion.
Note: Antibiotic therapy may prolong carriage.

☐ **no risk factors could be identified** ☐ **patient could not be interviewed**

SUSPECT FOODS (*within 7 days of onset*)

Yes	No	*(If yes, indicate date)*
☐	☐	raw or rare seafood
☐	☐	food at restaurants
☐	☐	food at gatherings (potlucks, events)
☐	☐	untreated drinking water
☐	☐	raw vegetables/fruits (*specify*)
☐	☐	other suspect food _____

OTHER POTENTIAL SOURCES (*within 7 days of onset*)

Yes	No	
☐	☐	persons with diarrheal illness
☐	☐	diapered children or adults
☐	☐	exposure to human excreta: specify _____
☐	☐	institutional/group setting
☐	☐	recreational water exposure
☐	☐	travel outside the U.S. to _____
☐	☐	travel inside the U.S. to _____

Dates of travel ____________ - ____________

Exposure Details (*complete for any "yes" answer - e.g. names of restaurants, markets, foods eaten, dates, etc.*)

Suspected Source

Sensitive Occupation/Situation (SOS)

During communicable period (<=4 wks after onset), did case prepare food for any public or private gatherings? ☐ Yes ☐ No

If yes, provide details here.

Does the case or household contact attend daycare or pre-school? ☐ Yes ☐ No

If yes: Is the case/contact in diapers? ☐ Yes ☐ No

Are other children or staff ill? ☐ Yes ☐ No

Is the case or household contact a food handler, a HCW with direct patient contact, or childcare worker? ☐ Yes ☐ No

*If **case** attends/works at daycare/foodhandler/HCW:*

Employer/Situation _____

Address _____

City _____ Phone ( ) _____

Notes:

*If **contact** attends/works at daycare/foodhandler/HCW:*

Name of contact _____

Employer/Situation _____ Phone ( ) _____

Address _____ City _____

Notes:

SUMMARY OF FOLLOW-UP AND COMMENTS. Provide details as appropriate.

☐ Prevention/Education per B-73 ☐ Work or daycare restriction for case per B-73 ☐ FBI filed #_____

☐ Daycare inspection by PHN ☐ Follow-up of other household member(s) ☐ OB opened #_____

ADDITIONAL COMMENTS:

Remember to copy case's name onto the top of this page and complete/review contact roster, page 3, before signing below.

PHN Print name _____ PHN Signature _____ Date___/___/___ Phone ( ) _____

PHNS Print name _____ M.D. Print Name _____

PHNS Signature _____ Date___/___/___ M.D. Signature _____ Date__/__/___

CONTACT ROSTER FOR SALMONELLA / SHIGELLA / CAMPYLOBACTER (circle one)

Name of case: _____ **Onset date:** __ / __ / __ **Date of 1st positive culture:** __ / __ / __

HOUSEHOLD CONTACTS

/	Name Relationship	Age DOB	Occupation -**or**- School & Grade	SOS? ✔	Symptoms? ✔	Onset date	Confirmed? ✔	Presumptive?* ✔	Comments	Specimen Collection Dispensed	Collected	Results
1				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				
2				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				
3				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				
4				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				
5				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				
6				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				

NON-HOUSEHOLD CONTACTS WITH SIMILAR ILLNESS

/	Name	Age DOB	Address City	Phone number	Onset date	SOS? ✔	Confirmed case? ✔	Presumptive case? * ✔	Referred to: ✔	Comments (e.g. common meal, daycare, etc.)
1						Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	ACD ☐ District ☐	
2						Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	ACD ☐ District ☐	
3						Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	ACD ☐ District ☐	
4						Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	ACD ☐ District ☐	

* **Presumptive Case definition:** In a person epi-linked to a confirmed case, diarrhea (> 2 loose/24 hours) and fever **-or-** diarrhea and at least 2 other symptoms (e.g. cramps, vomiting, aches).

~Note: Follow-up for a presumptive case is the same as for a confirmed case. Also, a presumptive case is reportable: Epi-form must be filled out and the case entered into VCMR.